



Homelessness Partnering Strategy 2014 - 2019 Community Plan

Plan Developed By:

**The Greater Victoria Coalition to
End Homelessness**

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The Greater Victoria Coalition to End Homelessness would like to acknowledge the valuable efforts of the HPS 2014 - 2019 Task Force through the community planning process. Their input and feedback has been integral to the development of the HPS 2014 - 2019 Community Plan.

HPS 2014 - 2019 Task Force members include:

Craig Crawford
Cheryl Damstetter
Deborah Day
Kathy Hogan
Eric Jordan
Henry Kamphof
Maurice Rachwalski
Kelly Reid
Catherine Schissel
Donna Wingfield
Andrew Wynn-Williams

The Greater Victoria Coalition to End Homelessness would also like to acknowledge Island Health and the Assertive Community Treatment team managers and staff for their engagement through this planning process.

The Streets to Homes program as administered by the Pacifica Housing Advisory Association has also been instrumental in helping to guide the development of this HPS 2014 - 2019 Community Plan.

Thank you to all who have committed your time, resources, and experience throughout this planning process.

The HPS 2014 - 2019 Community Plan has been prepared by:

Don Elliott

Housing Development Coordinator
Greater Victoria Coalition to End Homelessness
delliott@victoriahomelessness.ca
(250) 415-1717

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Introduction

Background

On March 1, 2009 the Victoria Steering Committee on Homelessness (VSCH) and the Greater Victoria Coalition to End Homelessness (Coalition) merged. As the VSCH acted in the capacity of the Community Advisory Body (CAB) under previous iterations of the Homelessness Partnering Strategy (HPS) program, the responsibilities of the CAB under the HPS were transferred to the Coalition as governed by the Leadership Council (LC).

Since March 1, 2009, the Coalition has held the distinction of acting as the CAB under the HPS program and has the responsibility to develop a Community Plan to provide assistance with the distribution of funds through the Capital Regional District (CRD) in its role as the Community Entity (CE).

Community Plan

Designated Communities, of which Greater Victoria is one, are required to develop a comprehensive Community Plan identifying local needs and funding priorities. This Community Plan is developed through an inclusive community process and is endorsed by the CAB to ensure a coordinated response to addressing the needs of people who may be at-risk of, or experiencing, homelessness.

This Community Plan is to be treated as an evolving document, focusing on long-term interventions in addressing homelessness while being flexible enough to be responsive to changing community needs. This Plan outlines a five-year approach to providing permanent housing and accompanying supports, if necessary, to those chronically homeless individuals that are the most in-need through a Housing First framework. In addition, this Plan will undergo an annual review to ensure that it remain a relevant, appropriate, and effective tool to guide the allocation of resources within the Greater Victoria Region.

It is important to note that a critical piece of the community planning approach involves achieving a degree of fiscal sustainability to ensure the long-term success of the interventions and programs developed with funding support through HPS 2014 - 2019. To this end, this Plan will conclude with a risk assessment of transition beyond HPS 2014 - 2019 that will demonstrate the funding requirements necessary to maintain activities as proposed through this Plan and highlight the importance of developing an exit strategy should the HPS 2014 - 2019 program not be renewed beyond 2019.

HPS Overview

The Federal Government's Economic Action Plan, 2013, announced nearly \$600M for the HPS for five years, from April 1, 2014 to March 31, 2019.

The HPS 2014 - 2019 promotes strategic partnerships to assist people experiencing homelessness and those at-risk of homelessness move towards greater self-sufficiency, with a focus on housing solutions and the appropriate supports. This includes a recognition that a stable living situation provides the foundation necessary for improving health, education, and employment in a long-term and sustainable way.

HPS 2014 - 2019 adopts, in a significant way, a Housing First model towards addressing the diverse needs within the community, through a specific evidence-based approach towards reducing homelessness. Key to this model is the ability to rapidly move chronically and episodically homeless individuals from the street or shelter into stable, long-term housing, with supports. The access to stable housing that is provided through this model establishes a platform for the delivery of services critical to addressing the issues frequently faced by those individuals experiencing chronic or episodic homelessness.

For the purposes of HPS 2014 - 2019 there are six principles key to the Housing First approach:

- 1. Rapid Housing with Supports:** Assisting clients locate permanent, secure housing with no delay and assisting them with moving-in or re-housing, if necessary. Housing readiness is not a requirement of program participation.
- 2. Offering Clients a Choice in Housing:** Provide clients a choice of housing and service access.
- 3. Separating Housing from Other Services:** Access to services, treatment regimes, and/or sobriety is not a requirement of accessing or maintaining housing. Clients must be willing to accept weekly regular visits, however.
- 4. Providing Tenancy Rights and Responsibilities:** A client is required to contribute a portion of their income towards rent (ideally 30% or ~\$375/month) with the rest of the rent being covered by a rental subsidy. Clients housed have rights and responsibilities consistent with applicable landlord and tenant acts and regulations.
- 5. Integrating Housing into the Community:** To enable client choice, minimize stigma, and encourage community building through client social integration, more attention is given towards 'scattered-site' housing in both the private and public rental housing market. This does not preclude social or supportive housing in a congregate setting as some clients may choose that housing delivery model.
- 6. Strength Based and Promoting Self-sufficiency:** The underlying goal of Housing First is to ensure clients are ready and able to access regular supports within reasonable time frame, allowing for a successful exit from the Housing First program. This is with a focus on employment, education, social integration, improvements to health or other goals that will help to stabilize the client's situation and lead to greater self-sufficiency.

HPS Details

For Greater Victoria, the HPS 2014 - 2019 funds are delivered through the Community Entity Model. Employment and Social Development Canada (ESDC), based on a recommendation from the Coalition, entrusts the CRD with the ability to select and manage the initiatives within the area. All requests for funding go through the CRD, which is responsible for: publishing Calls for Proposals; approving initiatives as recommended by the Coalition; contracting, monitoring all third-party service agreements; reporting on its activities and disbursements; data and information sharing and collection; and results reporting as related to these agreements.

The funding as distributed through this Community Entity Model will be divided into two distinct streams with different sets of eligible activities: Housing First, and Non-Housing First.

For Year 1 and Year 2 there are no specific requirement for amounts distributed through the Housing First stream, though for Year 3, 4, and 5 there is a minimum Housing First amount totalling \$155,174 as illustrated below.

Non-Housing First and Housing First Funding Amounts by Year (2014-2019)

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Non - HF	\$387,936	\$387,936	\$232,762	\$232,762	\$232,762	\$1,474,158
HF	\$0	\$0	\$155,174	\$155,174	\$155,174	\$465,522
Total	\$387,936	\$387,936	\$387,936	\$387,936	\$387,936	\$1,939,680

The HPS 2014 - 2019 funds are focused on supporting activities that help ensure people who are experiencing homelessness and/or at-risk of homelessness are able to stabilize their living arrangement and circumstances beyond emergency needs. This is with a strong emphasis placed on supporting a coordinated delivery of services to prevent and break the cyclical nature of homelessness through sustainable long-term solutions.

Shown right, are the four categories that are considered eligible for funding through the Non-Housing First stream of HPS 2014 - 2019 as well as those spending categories that are considered priorities under the Housing First category.

A comprehensive listing of the eligible and ineligible activities under the HPS 2014 -2019 is attached to this Community Plan as Appendix 1.

Non - Housing First
Support Services
Capital Renovations
Coordination and Resource Leveraging
Data Collection and Use
Housing First
Housing First Readiness
Client Intake and Assessment
Connecting Clients to Permanent Housing
Accessing Services through CM
Data, Tracking and Monitoring

Current Situation

Data	1	Number of unique individuals who used an emergency homeless shelter in the twelve month period between April 2011 - March 2012	1,617
	2	Number of shelter users who were chronically homeless in 2012	249
	3	Number of shelter users who were episodically homeless in 2012	1,368
	4	Number of homeless individuals identified during the latest point-in-time count	1,170
	5	Date count was undertaken	08/02/2012
	6	Number of homeless veterans who used an emergency homeless shelter in 2012	n/a
	7	Estimated number of homeless veterans who were chronically or episodically homeless in 2012	n/a

Readiness for Implementing Housing First	Core Principles	← Less Ready More Ready →			
	Rapid Housing with Supports	1	2	3	4
	Housing Choice	1	2	3	4
	Separating Housing Provision from other Services	1	2	3	4
	Integrated Housing	1	2	3	4
	Tenancy Rights and Responsibilities	1	2	3	4
	Reasonable Cost for Housing	1	2	3	4
	Housing Support	1	2	3	4
	Service Philosophy	← Less Ready More Ready →			
	Service Choice	1	2	3	4
	Participant - Driven Program & Services	1	2	3	4
	Contact with Participants	1	2	3	4
	Continuous Services	1	2	3	4
	Directly Offers or Brokers Services	1	2	3	4
	Selection of Vulnerable Populations	1	2	3	4
	Team Structure	← Less Ready More Ready →			
	Low Participant/Staff Ratio	1	2	3	4

Community Advisory Board Membership

CAB Name : The Greater Victoria Coalition to End Homelessness Society.

	Last Name	First Name	Title/Organization
1	Bourree	Frank	Chair, Greater Victoria Chamber of Commerce
2	Brown	Leslie	Community Director
3	Damstetter	Cheryl	Executive Director, Island Health
4	Fortin	Dean	Co-Chair, Director Capital Regional District
5	Gerrard	Paul	Director, Capital Regional District
6	Gunn	Gordon	Community Director
7	Jordan	Eric	Co-Chair, Community Director
8	Kasmer	Julianne	Community Director
9	Metropolit	Brenda	Director BC Program Delivery, Employment and Social Development Canada
10	Ramsay	Shayne	CEO, BC Housing
11	Richarson	Sandra	CEO, Victoria Foundation
12	Sanders	Vicki	Director, Capital Regional District
13	Jelinski	Patricia	CEO, United Way
14	Szpak	Lillian	Director, Capital Regional District
15	Tait	Maja	Community Director
16	Thornton-Joe	Charlayne	Director, Capital Regional District
17	Tysick	Al	Community Director
18	Hobbis	Fran	Chair, Downtown Victoira Business Association
19	Woodcock	Mike	Executive Director, Ministry of Social Development and Social Innovation
20	Vacant	Vacant	Vacant
21	Vacant	Vacant	Vacant
*	Wingfield	Donna	Senior Development Officer, Employment and Social Development Canada

* Ex Officio

Planning and Reporting

Stakeholder Engagement

To develop the HPS 2014 - 2019 Community Plan the CAB created a HPS Task Force with the specific objective of assisting the CAB in identifying key opportunities for the allocation of HPS 2014 - 2019 funds through the development of the HPS 2014 - 2019 Community Plan. The planning process took place over the course of three meetings between January 13th, 2014 and February 21st, 2014.

This HPS Task Force, consisting of representatives from BC Housing, Island Health, the City of Victoria, the Urban Development Institute Capital Region, Capital Region (Hospital) District, United Way of Greater Victoria, and the Coalition, were asked to consider four key things ahead of the community planning process:

1. The HPS criteria as set out by the federal government;
2. The Coalition Community Plan, 2012;
3. Any upcoming funding programs and/or treatment initiatives; and,
4. Existing resources and programs.

Through the HPS 2014 - 2019 community planning process, the major committee tasks were set out as:

1. Review the criteria of the HPS and funding amounts;
2. Participate in an asset review to determine the existing intervention landscape;
3. Identify opportunities for funding;
4. Inform the creation of the HPS 2014 - 2019 Community Plan; and,
5. Review the HPS 2014 - 2019 Community Plan prior to submission.

Meeting #1 - Consisted of an overview of the HPS 2014 - 2019 Community Plan development process and provided an opportunity for the individuals representing the various organizations an opportunity to establish the key community priorities. The priorities that were set through this process were then compared to the priorities as set out by ESDC and a HPS 2014 - 2019 Community Plan draft was developed.

Meeting #2 - Consisted of a review of the draft HPS 2014 - 2019 Community Plan and was an opportunity for the Task Force to explore possible avenues for the development of the RFPs under the eligible expenditures of the HPS 2014 - 2019 funding stream.

Meeting #3 - Was an overall review of the HPS 2014 - 2019 Community Plan and a recommendation to the CAB that the Plan be adopted and the RFP process begun once the Funding Agreement between ESDC and the CRD was in place.

HPS 2014 - 2019 Task Force Membership

Name	Organization	Name	Organization
Craig Crawford	BC Housing	Maurice Rachwalski	CR(Hospital)D
Cheryl Damstetter	Island Health	Kelly Reid	Island Health
Deborah Day	City of Victoria	Catherine Schissel	United Way
Kathy Hogan	UDI Capital Region	Donna Wingfield	ESDC
Eric Jordan	Coalition	Andrew Wynn-Williams	Coalition
Henry Kamphof	CRD	Don Elliott	Coalition

In addition to the HPS 2014 - 2019 Task Force, the Coalition had engaged stakeholders from Island Health and from Pacifica Housing Advisory Association that are directly involved in the management and operation of the following Housing First programs:

1. Assertive Community Treatment
2. Intensive Case Management
3. Streets to Homes

Aboriginal Sector Engagement

The Coalition is a partnership of service providers (including Aboriginal specific service providers), clients, various levels of government (municipal, regional, provincial and federal), the business community, the faith community, and members of the public.

Organizationally, the Coalition consists of Leadership Council and Management Committee along with five working groups and a Social Inclusion Advisory Committee (SIAC). The Coalition currently has Aboriginal representation on Management Committee as well as three of the five working groups. The Social Inclusion Advisory Committee, a very influential body within the Coalition, typically has about 50% of participants who self-identify as Aboriginal.

In addition to the Aboriginal representation throughout the Coalition, the Coalition has received the endorsement of both the Victoria Native Friendship Centre and the M'akola Group of Societies. These two Aboriginal organizations are the largest housing and service delivery agencies for the Aboriginal community within the region.

The Victoria Native Friendship Centre and the M'akola Group of Societies endorse the Greater Victoria Coalition to End Homelessness to act as the Community Advisory Board under the Homelessness Partnership Strategy Aboriginal Funding Stream (2014 - 2019) as administered by Employment and Social Development Canada.

It is added that for this endorsement there be a caveat that the Coalition continue its ongoing efforts to engage the local on and off-reserve communities as a part of addressing the needs of Aboriginal individuals and families that are experiencing or at-risk of homelessness throughout the region. The CAB is actively seeking to increase the Aboriginal representation and is working with the local Aboriginal communities to identify individuals that are available to participate in the development and implementation of various interventions that could effectively address the disproportionate number of Aboriginal individuals and families that are experiencing or are at risk of homelessness. Ideally, the two vacant seats remaining on Leadership Council would become occupied by Aboriginal community representatives.

Other Related Strategies and Programs

Strategies and Programs

1. Solving Homelessness in British Columbia's Capital Region: A Community Plan, 2012
2. Housing Matters BC, 2014
 - Investment in Affordable Housing
 - Community Partnership Initiative
 - Streets to Homes
3. Island Health Strategic Plan, 2018
 - Assertive Community Treatment
 - Hard to Reach Program

1. Solving Homelessness in British Columbia's Capital Region: A Community Plan, 2012

Solving Homelessness in British Columbia's Capital Region is a summary of the common vision and strategies identified by various regional partners to focus action over three years (2012 - 2015) in the Capital Regional District towards ending homelessness. Solving Homelessness is intended to be a catalyst for action by a range of community partners including agencies serving people experiencing or at risk of homelessness. In addition, this document is intended to provide a framework for organizations to work together to achieve common goals, and to assist the community to make the best possible use of scarce resources by reducing overlap and duplication.

Vision: By 2018, all people facing homelessness in our community will have access to safe, affordable, appropriate, permanent housing, with support if they require it. This will be provided in a coordinated, accessible and effective manner.

Priorities:

1. Increase the supply of safe, decent, affordable, permanent housing, including supported housing.
2. Prevent individuals and families from becoming homeless and assist people who are at risk of homelessness.
3. Support people while they are experiencing homelessness.
4. Ensure a coordinated and comprehensive community response to homelessness.
5. Build public and political support to end homelessness.

2. Housing Matters BC, 2014

The February 6th, 2014 release of Housing Matters BC provides an update to the original Housing Matters BC, 2006.

Focusing on the full spectrum of housing – from construction, regulation and financing, to occupancy, services and supports, Housing Matters BC, 2014, looks to ensure the viability of existing social housing stock, encourage the development of new affordable rental housing, and support homeownership.

Investment in Affordable Housing

On March 4, 2014, the Government of Canada and Government of British Columbia renewed their Investment in Affordable Housing (IAH) agreement for the next five years (2014-2019). The \$300

million agreement includes \$150 million each in federal and provincial government contributions. The Province will commit the joint annual funding as follows:

- \$30 million to support and enhance existing programs; and
- \$30 million towards new construction or renovations.

The overall goal of the IAH is to reduce the number of British Columbians in housing need by improving access to affordable housing that is sound, suitable and sustainable through:

- Increasing the supply of affordable housing, through new construction or conversions and homeownership or rentals;
- Improving housing affordability, through rent supplements, shelter allowances, or homeownership assistance;
- Improving and preserving the quality of affordable housing: renovation of existing affordable housing
- Fostering safe independent living, including new housing construction, housing modifications and renovations that extend independent living for seniors and persons with disabilities, and victims of family violence.

The IAH, through the support and enhancement of existing programs as well as capital and renovation project funding, provides the tools necessary for the wide-scale implementation for Housing First initiatives.

Specifically, this HPS 2014 - 2019 Community Plan is a tailoring of a regional approach to best position the service providers for maximum fund leveraging, looking at three critical components of IAH:

- Enhanced Rental Assistance
- Rental Supplements
- Project Capital Funding

It should be noted that as of March 2014, there remains some uncertainty as to the specific details around how much funding support will be allocated to the Capital Region, and how best this region can gain access to any incoming resources.

To best prepare for any eventual support, the HPS Community Plan has been developed with annual allocations placed into categories that are not listed above so as to effectively leverage any incoming resources against one another.

Community Partnership Initiative

Through the Community Partnership Initiatives (CPI) program, BC Housing provides advice, referrals to partnership opportunities, interim financing, and arranges long-term financing for non-profit societies to create self-sustaining, affordable housing developments. BC Housing's capacity to provide financing with favourable terms is the cornerstone of the program.

It is important to note that the CPI program does not include any funding, such as capital grants or operating subsidies. To be considered self-sustaining, affordable housing proposals must not require ongoing funding from BC Housing. This does not preclude on-going funding support from other sources.

The CPI provides the tools required and the resources necessary to access favourable terms for take-out and interim financing that greatly helps ensure the ongoing viability of non-profit owned housing units.

Specifically, this HPS 2014 - 2019 Community Plan is a tailored approach to fit within the CPI Program Framework, where possible, to access the following:

- Favourable Rates on Interim Financing
- Favourable Rates on Take-Out Financing

These are two critical tools will help in a significant degree with any future new-build units as well as the eventual purchase of the Legacy Units as outlined under Priority 3 - Preserve and Increase the Capacity of Facilities, in Years 1 and 2.

Streets to Homes

The Streets to Homes program (S2H) uses a Housing First approach to move individuals who are experiencing cyclical homelessness directly into housing in the private market through a comprehensive landlord support system. Individuals receive a rent supplement as well as case planning and supports to ensure they remain housed and progress towards self-sufficiency.

The primary purpose of S2H is to house people who are experiencing homelessness using a Housing First approach.

The related program objectives are to:

- Increase access to rental market stock
- Improve service integration to ensure that people secure and maintain housing
- Develop and implement a landlord support program
- Develop a coordinated approach to securing and retaining private market rental units to reduce competition amongst service providers
- Strengthen collaboration and enhance service integration between service providers who are working to end homelessness.

This program stands as a local example of coordinated resource utilization to dramatically and positively impact the lives of individuals through a reduction in the incidences of homelessness and associated challenges.

The development of this HPS 2014 - 2019 Community Plan speaks to the need, not only to maintain the existing level of support to programs such as S2H, but to provide for an eventual expansion of the types of services that programs of this type offer. This Community Plan allocates the resources so as to incentivise support from other levels of government. This is achieved through strategic investment into research, reporting, and service/agency coordination that will maximize the impact of existing and future program funding.

3. Island Health Strategic Plan, 2018

Island Health is currently in the process of refreshing their strategic plan: Island Health 2018. The Island Health strategic plan sets the overall direction for future health service delivery as they work toward their vision of providing excellent care for everyone, everywhere, every time. They will review

and update the plan to reflect new data and emerging priorities and hope to also extend its scope to make sure they are always looking at least three years ahead.

It is unclear as of March 2014, exactly how this HPS 2014 - 2019 Community Plan will dovetail into the eventual publication of the Island Health Strategic Plan, 2018 with two notable exceptions: Assertive Community Treatment and the Hard to Reach program.

Assertive Community Treatment

Assertive Community Treatment (ACT) is a mental health program that focuses on individual clients and their recovery. The program facilitates community living, psychosocial rehabilitation, and recovery for persons who have the most serious mental illnesses.

Referrals are done internally through the Pathways System, or directly from the community.

The services provided through this health care model include:

- Service coordination
- Crisis assessment and intervention
- Psychiatric/Psychological treatment and supports
- Psychiatric medication: prescription and management
- Services/supports for concurrent substance use disorder
- Work-related services
- Activities of daily living
- Social/interpersonal relationship and leisure-time skill training
- Peer support services
- Support services
- Family-centred services

This HPS 2014 - 2019 Community Plan provides investment in activities that will support ACT-type activities through focusing on:

- Enhancing Service Coordination
- Examining the Applicability of Alternative Intake Processes
- Expanding Access to Support Services

Hard to Reach Program

The Island Health Hard to Reach program brings together population/public health programs with mental health and substance use services. The goal is to provide better and more coordinated support to reduce the harms associated with substance use for at-risk populations. More formal collaboration between Island Health's Public Health and Mental Health and Substance Use services and not-for-profit, community-based service providers will result in improved quality of programs and coordination of services. The Hard to Reach Program contains two components:

Component 1: Two Health Service Hubs plus Mobile Harm Reduction Services

Service Hub 1: Access Health Centre and Mobile Harm Reduction Service

- Base location of the H2R Intensive Case Management Team. This is a new supportive outreach team.

- Delivery of harm reduction services and supplies with dedicated education and support workers, including peer support workers. Harm reduction supplies have already been provided at this location for several years; the service is being improved with the addition of the support workers.
- These programs share space and link closely with other existing services at the Access Health Centre that are provided by Cool Aid Community Health Centre and AIDS Vancouver Island. These services include family physicians and nurses, dentistry, addictions counselling, HIV and Hepatitis C services and educational and health promotion services. Service integration and co-location will result in better service coordination and easier access for service users.
- Mobile harm reduction services will be based at this location and will continue to be offered in the Greater Victoria area.

Service Hub 2: Harm reduction and Psycho-Social Rehabilitation services

- This site will continue to deliver harm reduction supplies and client support 24/7. For several years, these kinds of supplies and services have been provided at this location. It is the busiest secondary distribution location of medical harm reduction supplies on Southern Vancouver Island.
- Improved access to the existing Sobering and Assessment Centre, access to supported housing through the
- Centralized Access to Supported Housing team (CASH) and streamlined referrals to substance use and mental health services.
- Regular group therapy for people with addictions. This support program is one of the most popular therapy and education groups provided by Island Health's Mental Health and Substance Use service.
- The Intensive Case Management team based at Hub 1 will provide substance use outreach case management services to Hub 2 on a regular and scheduled basis.
- Street Outreach Nursing clinics will be available on-site to provide medical services and promote health.

Component 2: Intensive Case Management (ICM) 713 Outreach Team

Intensive case management teams are specifically developed to meet the needs of the H2R population and exist in other communities in BC and Canada. The ICM team, called 713 Outreach Team, provides outreach services in the community and engages, educates and builds relationships with individuals. The 713 Outreach Team will serve adults with particular focus on the needs of Aboriginal clients providing culturally safe and respectful services for everyone.

Important to the operation of this team is the connection to primary care services, which will be available in Hub 1 and the addictions and housing expertise in Hub 2. The Intensive Case Management Team will also have links to services not located at the hubs, such as hospital emergency departments.

This HPS Community Plan provides investment in activities that will support ICM-type activities as outlined within the Hard to Reach program through focusing on:

- Enhancing Service Coordination
- Examining the Applicability of Alternative Intake Processes
- Expanding Access to Support Services

Community Contribution

For all Calls for Proposal issued under the Homelessness Partnering Strategy 2014 - 2019 program, that CAB will include a requirement for a minimum fund matching ratio of 1:1 for all submissions under the Designated Communities Stream. Applications that do not meet this matching requirement will not be considered eligible to participate in the evaluation process, thereby not having access to HPS 2014 - 2019 funds.

This has proven to be successful in the past. The 2011 - 2014 HPS funds were matched at a ratio of \$3.3:\$1 through investment in the Hope Centre, located in Sooke, BC

Possible Funding Partners

Name of Partner	Type of Partner	Financial Contribution	Non-Financial Contribution	Total Contribution
BC Housing	Provincial	n/a	n/a	n/a
City of Victoria	Municipal	n/a	n/a	n/a
Capital Regional District	Municipal	n/a	n/a	n/a
Capital Region (Hospital) District	Municipal	n/a	n/a	n/a
Victoria Foundation	Not for Profit	n/a	n/a	n/a
United Way	Not for Profit	n/a	n/a	n/a
*Island Health	Health	n/a	n/a	n/a

* Island Health is mentioned as a Possible Partner exclusively for the potential provision of support services. There is no intention to seek project capital support from this organization

For the purposes of the HPS 2014-2019, all efforts will be made to ensure that for every dollar invested by HPS, the community will be able to identify as least one matching dollar from an alternative source. The HPS 2014 - 2019 Community Plan allocates the resources so as to incentivise support from other levels of government, through strategic investment into research, reporting, and service/agency coordination that will maximize the impact of program funding.

It is important to make a mention of the Stacking Limits Policy for HPS under the Terms and Conditions from ESDC. Where possible and appropriate, the costs of an HPS Eligible Activity will be shared between any combination of private and public sector entities, with the expectation of 1:1 for funds coming directly through HPS. However, where the sharing of costs with the recipient and/or private sector is not feasible, HPS funding may total 100% of eligible costs. ESDC will seek to ensure that the amount of the contribution it makes is appropriate where funding for eligible activities may be in place from another source. In other words, ESDC will not fund costs that are covered by other funding bodies.

Reporting

This HPS 2014 - 2019 Community Plan calls for annual reporting as per the requirements set out by ESDC. In addition to the annual reporting, there are allocations of financial resources into three distinct, intensive reporting periods (Years 1,3, and 5). These more intensive reporting events utilize Point-in-Time counts and other measures to ensure that Housing First is achieving success.

Our Priorities

HPS has developed a list of standardized priorities for the allocation of funds within the community. This list contains all eligible and related activities that is designed to guide the development of this HPS 2014 - 2019 Community Plan. A comprehensive list of these priorities is available as Appendix 2 following this Community Plan.

It is important to note that throughout Year 1 of HPS 2014-2019, the CAB will have the ability to modify the priority selections to assist with the program roll out. This is in addition to the annual revision of the priority selection throughout the duration of the program.

In determining the specific allocation into each of the priorities there are five key considerations:

1. Designated Communities are required to allocate a specific amount into Housing First (Priority 1) in years 3, 4, and 5. This amount must represent a minimum of 40% of total HPS funding for those years.
2. Activities that are closely linked to housing and support services should form the core of the Housing First approach.
3. Certain eligible activities will only be made available to Housing First clients. These include:
 - Providing emergency housing funding to bridge clients to alternative funding system;
 - Set-up apartments;
 - Furnish apartments; and,
 - Apartment damage repair.
4. Certain eligible activities will only be made available outside of Housing First. These include:
 - Housing loss prevention; and,
 - Basic and urgent needs service.
5. Some of the Housing First activities overlap with services, coordination of resources and leveraging and improved data collection for non-Housing First activities.

The specific HPS 2014-2019 priorities are:

HPS 2014 - 2019 Community Plan Eligible Priorities	
Priority 1	Reduce Homelessness Through Housing First
Priority 2	Improve Self-Sufficiency of Homeless Individuals
Priority 3	Preserve & Increase Capacity of Facilities
Priority 4	Coordination of Resources & Leveraging
Priority 5	Data Collection and Use

Five Year Overview

This HPS Community Plan sets out a framework for the next five years (2014-2019) of federal funding. At the federal level, much of the HPS 2014-2019 program has been tailored specifically to assist communities transition from treatment-as-usual housing and service régimes towards Housing First programming. Based on the Readiness for Housing First criteria set out by ESDC, the Greater Victoria Region scores 3.78/4 as is shown on P. 4 of this Community Plan.

Within this region there is little need to ‘transition’ into Housing First. There is an opportunity, however, to pilot a number of initiatives and to conduct more detailed research on the homeless population to ensure that the existing resources are being used to the maximum potential, and to test new approaches within existing infrastructure.

The HPS 2014 - 2019 Community Plan contains the following critical elements:

Year 1	Analysis of Client Intake (Year 1 of 2)
	Coordination of Existing Services
	Capital Purchase (Legacy Units - Year 1 of 2)
	Point-in-Time Count
Year 2	Analysis of Client Intake (Year 2 of 2)
	Coordination of Existing Services
	Housing Network (Pilot Project)
	Capital Purchase (Legacy Units - Year 2 of 2)
Year 3	Coordination of Services
	Housing Network Support
	Point-in-Time Count
Year 4	Coordination of Services
Year 5	Coordination of Services
	Point-in-Time Count
	Transitional Measures

With the exception of the Legacy Units (P. 22) and the Housing Network pilot project (P. 17), much of the monetary allocation available through HPS 2014 - 2019 is targeted to enhance the coordination of available services and resources and to research that ensures initiatives are providing the successful results that are possible.

Priority Allocation (Number 1 through 5, below, reference HPS 2014 - 2019 Priorities, P. 14)

	Year 1		Year 2		Year 3		Year 4		Year 5	
1	\$148,000	38%	\$188,000	48%	\$358,000	92%	\$388,000	100%	\$358,000	92%
2	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%
3	\$200,000	52%	\$200,000	52%	\$0	0%	\$0	0%	\$0	0%
4	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%
5	\$40,000	10%	\$0	0%	\$30,000	8%	\$0	0%	\$30,000	8%
Total	\$388,000	100%	\$388,000	100%	\$388,000	100%	\$388,000	100%	\$388,000	100%

Priority 1 - To Reduce Homelessness through Housing First

Priority 1	Year 1		Year 2		Year 3		Year 4		Year 5	
	Reduce Homelessness Through Housing First	\$148,000	38%	\$188,000	48%	\$358,000	92%	\$388,000	100%	\$358,000
Housing First Readiness	\$0	0%	\$50,000	13%	\$70,000	18%	\$80,000	21%	\$79,000	20%
Client Intake & Assessment	\$60,000	15%	\$60,000	15%	\$90,000	23%	\$100,000	26%	\$100,000	26%
Connecting & Maintaining Permanent Housing	\$30,000	8%	\$20,000	5%	\$38,000	10%	\$48,000	12%	\$24,000	6%
Accessing Services Through Case Management	\$50,000	13%	\$50,000	13%	\$150,000	39%	\$150,000	39%	\$150,000	39%
Data, Tracking and Monitoring	\$8,000	2%	\$8,000	2%	\$10,000	3%	\$10,000	3%	\$5,000	1%
Total Available	\$388,000		\$388,000		\$388,000		\$388,000		\$388,000	

Rationale

Through the development of this HPS 2014 - 2019 Community Plan, Priority 1 - To Reduce Homelessness through a Housing First Approach, was identified as the core component of the regional approach to address issues of homelessness.

This decision is based on the success that this region has already experienced from numerous Housing First initiatives and the recognition that an expansion of existing programming, in combination with enhanced monitoring of interventions, would be the most effective use of HPS 2014 - 2019 funds. As Greater Victoria scored a 3.78/4 on the HPS Readiness for Housing First evaluation criteria (page 4), there is little need for the region to transition to Housing First. Rather, the focus will be to invest meaningfully into Priority 1 to support and enhance existing services and to assist the development of strengthened relationships between service providers and their clients.

In addition, by focusing resources into Priority 1, there is the creation of additional opportunities to enhance coordination between agencies. This will result in a more efficient use of resources and services, reduced duplication, identification of best practices, sharing of information, and a better addressing of system gaps.

Other Resources

Housing First Readiness

Under this Activity Area for Priority 1, there is a significant opportunity to support the development of a tool that will simultaneously integrate and improve services to Housing First clients, establish a strengthened partnership framework while identifying barriers and creating opportunities for permanent housing options. This will involve the creation of a Housing Network, which is intended to be tested as a pilot project starting in Year 2 (details, right).

At this early stage, it is too difficult to specifically identify the resources to support this initiative that are in addition to the HPS 2014 - 2019 funds. If it is possible to demonstrate a degree of savings resulting from this refined process to service providers, it may then incentivise investment to match HPS funds. There may also be opportunities to gain support from the private sector through a partnership with an IT firm. All possible avenues for additional contribution will be explored ahead of any RFP process.

Client Intake and Assessment

Funding for this Activity Area will focus on two key aspects: coordinated intake management and client identification, intake and assessment with a focus on the chronically homeless population. This will be achieved through an examination of existing intake procedures and an analysis of the viability of dovetailing existing housing - focused procedures and a more clinical analysis relating to housing instability.

A good example of this would be to explore the potential of applying a Vulnerability Assessment Tool as a structured way of measuring a homeless person's vulnerability to continued housing instability. By rating a person's level of functioning, or severity of condition, across multiple domains, a more comprehensive assessment of vulnerability can be reached, which can then be compared to assessments of other homeless individuals. BC Housing has indicated that it may be looking at utilizing this type of approach to establish three levels of vulnerability: Level 1, Level 2, and Level 3. It seems plausible that through this evaluation system, it would be possible to create more 'blended' facilities that would provide the appropriate level of support to a range of individuals without concern of a perceived neighbourhood over-saturation of a particular client type.

The strength of this process is in the relative ranking through application of the assessment tool and the comprehensive approach encompassing both a clinical assessment as well as an individual's level of function specific to housing. An appropriately trained and experienced service provider could establish an accurate ranking of vulnerability of individuals, thereby identifying those in greatest need linking that individual to the housing and support régime that will provide them with the best chance of long-term stability in permanent housing.

Housing Network (Year 2 - Pilot Project)

In Year 2, the CAB intends to support the development of a Housing Network that will be run as a 1-year pilot project with sufficient budgetary allotment to enable the continuation should it prove successful. This pilot could take place in 2 distinct phases:

Phase 1 - is to examine the possibility for the application of web-based software to better connect individuals and/or service agencies to housing units.

Phase 2 - hinges on the success of Phase 1 and would involve the modification and repurposing of existing software to better suite the discrete needs of the end user group.

This Activity Area has the potential to generate system savings through enhanced efficiencies and a better coordination of existing interventions. Island Health has, at this early stage, expressed an interest into exploring the potential of this type of client intake and assessment. To date, no specific dollar amounts have been discussed, but the CAB will continue to engage the health care provider to support the development of this coordinated intake tool and ranking system.

Connecting and Maintaining Permanent Housing

Following a consultation with service providers that are currently offering Housing First programs, it was established that many of the activities eligible under this Activity Area were not significant budget items within their respective programmes. For example, set-up, furnish, and repair apartments were very minor budget items for both the ACT teams and Streets to Homes.

It was recommended to the HPS Community Plan Task Force that should resources be allocated to this Activity Area, they be focused on re-housing and enhanced landlord tenant services as these are much more significant program expenses.

At this time, there is no indication of a specific source or sources that could be leveraged to enhance the allocation into this Activity Area. As the HPS program begins to become established there will be efforts made to work with landlords and service providers to ensure that an agreeable level of HPS fund matching take place, as will be articulated through the RFPs as issued by the CE.

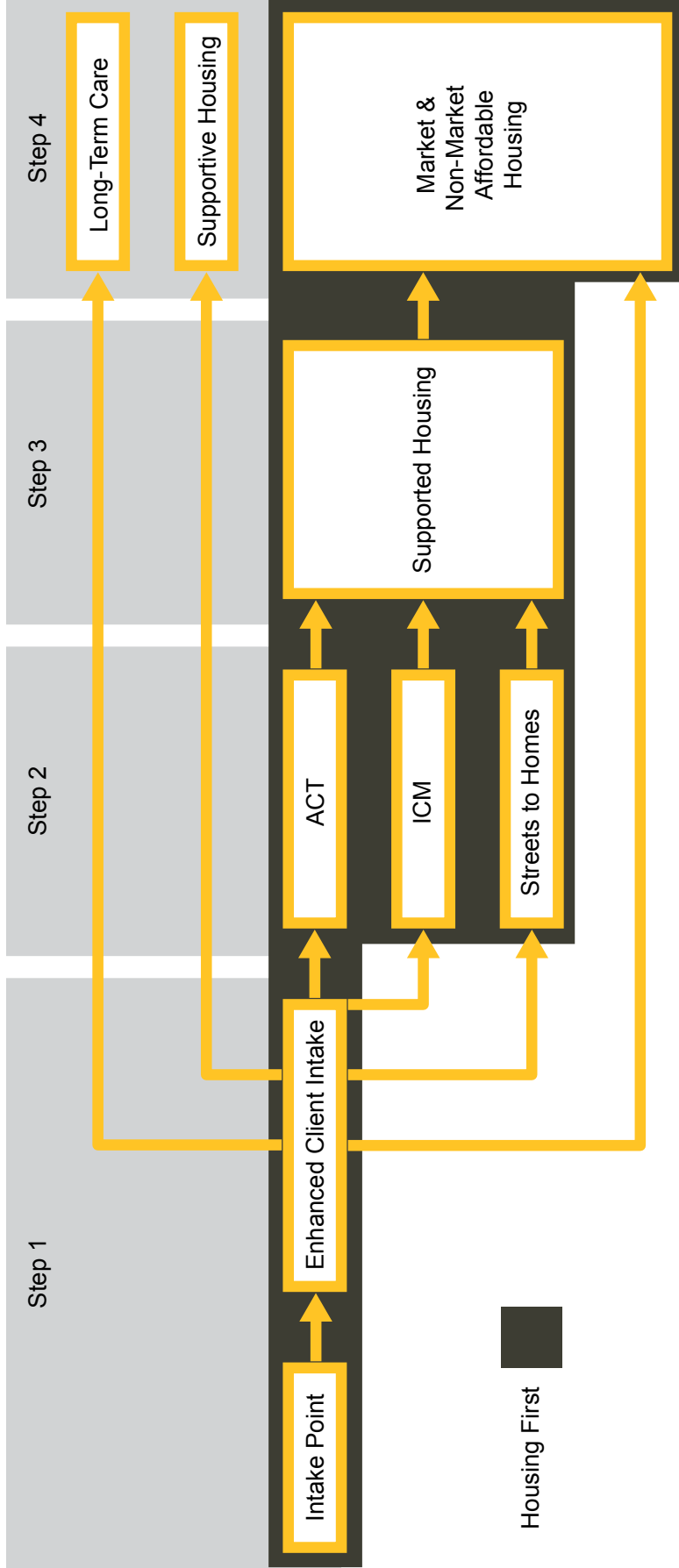
Accessing Services through Case Management

Funds allocated to this Activity Area will be used to enhance coordination between the Streets to Homes programme, ICM teams, ACT teams, service providers and housing agencies, both private and public. As these three aforementioned outreach teams all currently espouse Housing First principles, this investment will be about supporting services that improve the self-sufficiency of Housing First clients.

Data, Tracking and Monitoring

Data is collected, to varying degrees, by all service providers within the region and this Activity Area will help enhance the level of analysis of this information. At this early stage, there is no in-kind or other confirmed contribution for this specific Activity Area. The CAB will continue to work through this process with local agencies.

Housing First Approach



The Housing First approach, as related to HPS 2014 - 2019, takes place in 4 distinct steps, utilizing 3 critical service and housing delivery mechanisms. The first step involves the intake, assessment and identification of a suitable Housing First candidate. This process will involve an enhanced client intake process that not only assesses the health and/or housing barriers of each individual, which then feeds into step 2. This second step is to connect the client with the most suitable program to ensure that individuals long-term success. This program could be in the form of an ACT team, ICM team, or Streets to Homes.

Step 3 places that client, as soon as possible, into suitable housing, whether that be in the market with a provincially funded rental supplement or into non-market affordable housing.

Step 4 involves the continued support and monitoring of the client to best ensure that individual achieves the highest degree of sustained housing stability and independence possible, given their unique strengths and barriers to housing.

Pages 8 - 12 outline, in greater detail, the characteristics of the specific service and housing delivery mechanisms and the degree to which, the Provincial Government is anticipated to financially support this region's ongoing efforts to address homelessness.

Target Group(s)

Priority 1 will first address the needs of those individuals experiencing chronic homelessness.

Individualized Services and Facilities Priorities

Priority 1 will address the needs within the general population with a recognition that there are a number of unique groups that will achieve greater success and housing stability with more tailored, nuanced programming. These groups include: youth, Aboriginals, veterans, and women, both non-Aboriginal and Aboriginal.

Demonstrating Success - Measurables:

Number of Individuals Placed in Housing Through Housing First Intervention	50
Percentage of Housing First Clients Housing After 6 - Months	80%
Percentage of Housing First Clients Housed After 12 - Months	80%
Number of Days for Housing First Clients to Move Into Permanent Housing After Intake	30
Percentage of Clients Who Require Re-Housing	30%
Percentage of Housing First Clients Who Return to Homelessness	15%
Percentage of Housing First Clients Who Successfully Exit the Program	10%

All Housing First interventions will be tracked based on the progress made by each individual in the Housing First Program, and not by the overall project results. In other words, the community is expected to track each Housing First client and roll up the results for all Housing First Clients, regardless of which services they use to achieve their results.

Priority 2 - Improve Self-Sufficiency of Homelessness Individuals

Priority 2	Year 1		Year 2		Year 3		Year 4		Year 5	
	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%
Total Available	\$388,000		\$388,000		\$388,000		\$388,000		\$388,000	

Following consultation with various stakeholders throughout the region that are directly or indirectly involved in the delivery of Housing First intervention programs, it was determined that there is already a sufficient infrastructure in place to improve the self-sufficiency of homeless individuals and families and those at imminent risk of homelessness through individualized services. Investment in this priority would be duplicative.

Demonstrating Success - Measurables:

Housing Placement outside of Housing First	n/a
Connecting Clients to Income Supports	n/a
Pre-Employment Supports and Bridging to Labour Market	n/a
Life Skills Development	n/a
Services to Improve Social Integration	n/a
Culturally Relevant Responses to Help Aboriginal Clients	n/a
Connecting Clients to Education and Supporting Success	n/a
Liaise and Refer to Appropriate Resources	n/a
Housing Loss Prevention Services	n/a
Basic or Urgent Needs Services	n/a

Priority 3 - To Preserve or Increase the Capacity of Facilities Used to Address the Needs of People who are Homeless or At Imminent Risk of Homelessness

Priority 3	Year 1		Year 2		Year 3		Year 4		Year 5	
	Preserve & Increase Capacity of Facilities	\$200,000	52%	\$200,000	52%	\$0	0%	\$0	0%	\$0
Permanent Supportive Housing	\$200,000	52%	\$200,000	52%	\$0	0%	\$0	0%	\$0	0%
Total Available	\$388,000		\$388,000		\$388,000		\$388,000		\$388,000	

The HPS 2014 - 2019 Community Plan Task Force identified the need for additional housing options throughout the region that would enable to provision of support services to clients. The idea is to support a housing society's purchase of a number of units that will be called Legacy Units. The Legacy Units are to be purchased through using enough HPS 2014 - 2019 and matching funds through Year 1 and 2 so that they could remain available to service providers in perpetuity. The details of this availability are still to be worked out.

The average sale price of a condo in Greater Victoria in the fourth quarter of 2013 was \$249,000, with the cost of 3 Legacy Units, as an example, totalling \$747,000. As the HPS requires a matching minimum contribution of 1:1 there would be need to identify a source for \$400,000 over 2 years. BC Housing has expressed an interest in supporting this approach by providing take-out financing at a preferable rate. BC Housing take-out rates are currently set at 4% for 2014 and 5% for 2015. It is possible that the savings to the proponent of this initiative that are realized through the Community Partnership Initiative would be considered a contribution towards the project, thereby reducing the total amount that is needed for HPS fund matching.

It should be noted that should, for any reason, the community wish to liquidate these capital assets, the activity would fall under the Disposal of Capital Assets item as per the Operations Guide of ESDC. The governing considerations of this, from ESDC's perspective, is to encourage the continued use of assets in support of strengthened community capacity to prevent and reduce homelessness. Assets should not be given away or sold to a third party, without the prior written consent of ESDC.

Demonstrating Success - Measurables:

	# of Units
Transitional Housing Facility	0
Supportive Housing	3
Emergency Shelter Facility	0
Non-Residential Facility	0

Priority 4 - To Ensure Coordination of Resources and Leveraging

Priority 4	Year 1		Year 2		Year 3		Year 4		Year 5	
	Coordination of Resources & Leveraging	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0
Total Available	\$388,000		\$388,000		\$388,000		\$388,000		\$388,000	

Following consultation with various stakeholders throughout the region that are directly or indirectly involved in the delivery of Housing First intervention programs, it was determined that there is already a sufficient infrastructure in place to ensure coordination of resources and leveraging. Investment in this priority would be duplicative.

Demonstrating Success - Measurables:

Determining a Model in Support of a Broader Systematic Approach to Addressing Homelessness	n/a
Identifying, Integrating and Improving Services	n/a
Partnership Development in Support of a Broader Systematic Approach to Addressing Homelessness	n/a
Working with the Housing Sector to Identify Barriers to Permanent Housing	n/a
Consultation, Coordination, Planning, and Assessment	n/a

Priority 5 - To Improve Data Collection and Use

Priority 5	Year 1		Year 2		Year 3		Year 4		Year 5	
	Preserve & Increase Capacity of Facilities	\$40,000	10%	\$0	0%	\$30,000	8%	\$0	0%	\$30,000
Data Collection and Use	\$40,000	10%	\$0	0%	\$30,000	8%	\$0	0%	\$30,000	8%
Total Available	\$388,000		\$388,000		\$388,000		\$388,000		\$388,000	

This HPS 2014 - 2019 Community Plan contains three key reporting periods in Year 1, 3, and 5. This is to ensure that all projects continue to contribute to reducing and/or preventing homelessness. These reporting periods will use Point-in-Time counts to achieve an efficient, consistent way of measuring the size of the homeless population.

Demonstrating Success - Measurables:

Identifying the Size and Make-Up of the Homeless Population	n/a
Tracking non-Housing First Clients	n/a
Point-in-Time Counts	3
Community Indicators	n/a
Local Research, information Collection and Sharing	n/a

Beyond 2019

A critical component of planning for HPS 2014 - 2019 is considering beyond 2019. At this time, all indications are that HPS funds will end on March 31st, 2019, and this will place initiatives that are receiving HPS funding into a period of uncertainty. The service providers will either have to arrange an alternative funding source, or cease to deliver services. The expiry of HPS funds, if not appropriately considered, could place housing and/or supported individuals at-risk of homelessness.

The HPS 2014 - 2019 Community Plan Task Force developed a strategy to help reduce the threat of funding uncertainty throughout the program duration and has established a Measure of Risk to demonstrate the threat of funding shortfall in the year beyond the HPS 2014 -2019 program, and the potential impact that could have on reducing and preventing homelessness within the community.

A key consideration throughout the development of this Community Plan is that to achieve long-term success, a priority must be to provide supports and tailor interventions to support homeless individuals in achieving the highest degree of self-sufficiency possible. Success and sustainability, within the context of this Community Plan, is not measured according to the number of years a program or initiative can operate, but by how many individuals achieve a higher degree of housing stability and self-sufficiency as compared to treatment-as-usual.

Beyond 2019 will be divided into two section with the first identifying a number of actions that will help reduce the risk of any funding uncertainty through the program duration and beyond, while the second section will look at Year 5 in detail and highlight the potential gaps with HPS program termination.

Section 1: Measures Taken to Reduce Dependency on HPS Program Funding 2014 - 2019

Reduce Ongoing Funding Dependency and Risk by:

Limiting the Number of Staff Positions Funded Through HPS

Limiting Staff Positions to Fixed Term Employment Agreements

Avoiding the Use of HPS for Rental Subsidies & Housing Allowances

Avoiding the Use of HPS for Direct Support Service Funding

Investing in Research to Ensure that Funded Interventions are Successful

Investing in Research to Support a More Efficient Use of Existing Resources

Investing In Capital through the Legacy Units Initiative

Though it is not possible to completely eliminate the risk of investing in homelessness prevention and reduction initiatives with funds from the HPS 2014 -2019, this approach will significantly limit the amount that service providers, and by extension, their clients, are exposed to that risk.

To address this challenge, many of the initiatives that have been developed and are eligible for HPS funding are designed as a task taking place over 1 or 2 years that may or may not require an additional staff position. This applies, where appropriate, to limitations in funding that would result directly in the development of staff positions or in the provision of support services.

By avoiding significant investment in rental subsidies and housing allowances, though both are currently eligible expenditures, this approach will reduce the risk of recipients experiencing housing instability once these funds are repropose or are terminated.

The investment in capital through the procurement of the Legacy Units is an important risk mitigation strategy. By allocating a significant percentage of funding into this initiative through Year 1 and 2, it will ensure that there is a community asset created through this program. This asset can, in the immediate future, be used at units held in perpetuity for Housing First clients as intake or stabilization units. In the long-term, these units could, with ESDC approval, be sold into the market with the funds being re-proposed so as to effectively address an unforeseen future need for shortfall within another intervention.

Section 2: Beyond Year 5

Year 5 HPS Budget

Year Five	Designated Requirement	HF	\$155,174
April 1st, 2018 - March 31st, 2019		Non-HF	\$232,762

		Approx. \$	% Total	Risk Level
Priority 1	Reduce Homelessness Through Housing First	\$358,000	92%	Moderate
	Housing First Readiness	\$79,000	20%	Low
	Client Intake & Assessment	\$100,000	26%	Moderate
	Connecting & Maintaining Permanent Housing	\$24,000	6%	Low
	Accessing Services Through Case Management	\$150,000	39%	High
	Data, Tracking and Monitoring	\$5,000	1%	Low
Priority 2	Improve Self-Sufficiency of Homeless Individuals	\$0	0%	None
Priority 3	Preserve & Increase Capacity of Facilities	\$0	0%	None
Priority 4	Coordination of Resources & Leveraging	\$0	0%	None
Priority 5	Data Collection and Use	\$30,000	8%	None
	Point-in-Time Count	\$30,000	8%	Low
Total Combined		\$388,000	100%	

In Year 5 there are only two priorities that are slated to be receiving any funding. As Priority 5 funding is specifically for a Point-in-Time count there is a low risk associated with this priority following the termination of HPS 2014 -2019. A significant portion of the HPS funding (92%) is being allocated into Priority 1, however, which could present significant challenges for maintaining the level of service provision and housing stability for clients following the HPS 2014 - 2019 program end.

Housing First Readiness, Connecting and Maintaining Permanent Housing, including re-housing support, and Data Tracking and Monitoring all present a low level of risk beyond the end date of the HPS 2014 - 2019 program. As Housing First Readiness is designed to support the development of enhanced landlord relationships, there would likely be a reduced need for this service once the relationships are established and the clients are housed. The loss of re-housing support could have an adverse impact on the housing retention rates of the Housing First service providers, but those providers have indicated that this piece is not critical to long-term program success. Data, Tracking and Monitoring, as it was intended that these resources would support the fulfillment of the HPS conditions will be superfluous following the termination of the program.

It is unlikely that the loss of funding to these three Activity Areas will significantly impact the level of services available to Housing First clients or the housing stability of those individuals.

It will be very challenging, however, to avoid a loss of services and supports to Housing First clients from a loss of funding to Client Intake and Assessment and Accessing Services through Case Management, which carry a moderate and high level of risk, respectively.

Of all the Activity Areas active in Year 5, the most likely to be effectively integrated into existing systems is Client Intake and Assessment. The proposed enhancement of intake procedures assumes a degree of cooperation with and eventual integration into Community Access to Supportive Housing, the existing intake process. This is in an effort to avoid any duplication of procedures or excessive redundancies in the intake process. In addition, an alteration to the level of funding available to an intake process is likely to only have a limited impact on the level of service provision that would affect the housing stability of clients. There is, therefore, a moderate degree of risk associated with this Activity Area following the expiry of HPS 2014 - 2019.

The one critical area of high risk is the Activity Area of Accessing Services through Case Management. The specific activities include:

- Coordination of a Case Management Team
- Peer Support
- Working with Clients to Set Goals
- Identifying a Strategy for Reaching the Goals
- Connecting Clients to Services Needed to Reach Goals
- Monitoring Progress
- Support Services to Improve Self-Sufficiency of Clients

These are eligible activities, under HPS, that have the potential to be used for the provision of supports and services directly to clients. Following the end of the HPS program, the loss of these services could have a significant impact on the housing stability of clients.

The total amount that is expected to be required in order to maintain the proposed level of services would be \$150,000/year ongoing.

It will be critical towards the end of the HPS program to provide some resources towards transitional measures to ensure that there are no significant funding shortfalls resulting in a loss of housing or supports for Housing First clients following the end the of HPS 2014 - 2019.

Submission of the Plan

The process to approve and submit this plan include the following steps:

1. Approval of the HPS 2014 - 2019 Community Plan by the Coalition Leadership Council - March 25th, 2014
2. Submission of the HPS 2014 - 2019 Community Plan to HPS through an on-line templated submission form - March 26th, 2014.
3. Approval of the HPS 2014 - 2019 Community Plan by ESDC - Early April, 2014.
4. Issuance of REFs through the Capital Regional District for Year 1 activities - Mid April, 2014.
5. Recommendation of eligible activities by the Coalition Leadership Council - Mid May, 2014.



Appendix 1

Eligible and Ineligible Activities

HPS Eligible and Ineligible Activities

To support the Community Entities (CEs) and Community Advisory Boards (CABs) in community planning and selecting and managing sub-projects, the following provides a comprehensive list of eligible activities that are in line with the program Terms and Conditions. This list applies to the HPS Designated Community (DC), Aboriginal Homelessness (AH), and Rural and Remote Homelessness (RRH) funding streams.¹ The list is followed by a list of ineligible activities. Please note that an asterisk (*) indicates that further HPS Directives will be made available to provide more in-depth guidance.

There may be cases where activities eligible under the HPS may also be funded by the provincial or territorial government or the municipality. If these activities are already being provided by another source of funding, CABs and CEs should direct HPS funds to fill in the gaps and not duplicate existing funding.

HPS Eligible Activities for Housing First Dedicated Funding

A. Housing First

The Housing First activity area includes the following activities that can be funded by HPS and that can count towards the Housing First funding targets:

1. Housing First Readiness

Activities include:

- Determining the Housing First model (e.g. consultation, coordination, planning, and assessment)
- Identifying, integrating and improving services (including training on Housing First activities and functions)
- Partnership development in support of a Housing First approach
- Working with the housing sector to identify opportunities for and barriers to permanent housing (e.g. establishing landlord relationships, mapping of current available assets)

2. Client Intake and Assessment

Activities include:

- Coordinated intake management (where feasible)
- Client identification, intake and assessment, focussing on the chronically and episodically homeless populations

¹ Please note that the eligible activities under the Innovative Solutions to Homelessness (ISH), National Homelessness Information System (NHIS), and Surplus Federal Real Property for the Homelessness Initiative (SFRPHI) are in a separate directive.

3. Connecting clients to Permanent Housing* ²

This requires communities to establish housing teams that implement the following activities:

- Facilitate access to housing, which could include providing emergency housing funding (e.g. rent subsidies, housing allowances) to bridge clients to provincial/territorial/municipal systems
- Set-up apartments (insurance, damage deposit, first and last months' rent, basic groceries and supplies at move-in, etc.)
- Furnish apartments for HF clients (furniture, dishes, etc.)
- Repair damages caused by HF clients
- Provide Landlord-tenant services
- Re-housing (if required)

4. Accessing services through case management* ²

Activities include:

- Coordination of a case management team
- Peer Support
- Working with clients to set goals
- Identifying a strategy for reaching the goals
- Connecting clients to services needed to reach the client's goal
- Monitoring progress
- Support services to improve the self-sufficiency of chronically and episodically homeless individuals and families in the Housing First program through individualized services, including:
 - Connecting clients to income supports
 - Pre-employment support, and bridging to the labour market
 - Life skills development (e.g. budgeting, cooking)
 - Supports to improve clients' social integration;
 - Culturally relevant responses to help Aboriginal clients
 - Connecting clients to education and supporting success

5. Data, Tracking & Monitoring*

Activities include:

- Identifying the size and make-up of the chronically and episodically homeless population by accessing shelter data
- Tracking HF Clients

HPS Eligible Activities for Non-Housing First Dedicated Funding

The following activities are eligible under the HPS however do not count towards investments to meet the Housing First investment targets:

² Communities are required to do their due diligence to ensure that HPS funding is used to fill gaps and not used to fund activities that could be covered through other provincial/territorial and municipal programs and services. For example, when provincial social assistance programs cover first and last month rent, HPS funding should be used for other activities.

- B. Support services* ³ to improve the self-sufficiency of homeless individuals and families and those at imminent risk of homelessness through individualized services. These services are offered to individuals and families who are homeless or at imminent risk of becoming homeless.

Activities include:

- Housing placement (outside of Housing First)
- Connecting clients to income supports
- Pre-employment support, and bridging to the labour market
- Life skills development (e.g. budgeting, cooking)
- Supports to improve clients' social integration
- Culturally relevant responses to help Aboriginal clients
- Connecting clients to education and supporting success
- Liaise and refer to appropriate resources
- Housing loss prevention (only for individuals and families at imminent risk of homelessness)
- Basic or urgent needs services

- C. Capital investments* to preserve or increase the capacity of facilities used to address the needs of people who are homeless or at imminent risk of homelessness (capital investments cannot be part of Housing First dedicated funding except for the purchase of furniture for Housing First clients).

Activities include:

- Construction, renovation and purchase of transitional housing facilities, permanent supportive housing facilities, and non-residential facilities (e.g. drop-in centres and multi-service centres)
- Purchase of furniture, equipment, and/or vehicles
- Renovation of emergency shelters
- Construction and purchase of new emergency shelter facilities (only under the HPS Rural and Remote Homelessness funding stream and non-designated communities receiving funding under the Aboriginal Homelessness funding stream)

Renovation includes:

- Renovating an existing facility for upgrades and/or to meet building codes
- Repurposing an existing property to create transitional housing and/or permanent supportive housing
- Expanding an existing facility
- Renovating a property following a transfer under the Surplus Federal Real Property for the Homelessness Initiative (SFRPHI) to create transitional housing and/or permanent supportive housing

³ Communities are required to do their due diligence to ensure that HPS funding is used to fill gaps and not used to fund activities that could be covered through other provincial/territorial and municipal programs and services.

New construction includes:

- Purchase of a property for future new construction
- Building a facility in an empty lot (e.g. foundations)
- Tearing down an existing facility and build a new one
- Building service space where the Investments in Affordable Housing Initiative (IAH) is building or renovating to create permanent housing (e.g. resource centre where clients can access supports)

D. Activities to ensure coordination of resources and leveraging

These activities are eligible for both Housing First and non-Housing First dedicated funding except consultation, coordination, planning, and assessment (e.g. community planning).

Activities include:

- Determining a model in support of a broader systematic approach to addressing homelessness
- Identifying, integrating and improving services (including staff training on activities and functions in support of a broader systematic approach to addressing homelessness)
- Partnership development in support of a broader systematic approach to addressing homelessness
- Working with the housing sector to identify opportunities for and barriers to permanent housing (e.g. establishing landlord relationships, mapping of current available assets) in support of a broader systematic approach to addressing homelessness

These activities apply only to non-Housing First dedicated funding:

- Consultation, coordination, planning, and assessment (e.g. community planning)

E. Activities to improve data collection and use*

Activities include:

- Identifying the size and make-up of the entire homeless population
- Tracking non-Housing First clients
- Point-in-time counts
- Community indicators (beyond the requirements for HPS)
- Local research, information collection and sharing (including implementing and using HIFIS)

F. Administrative Activities of the Community Entity

- The maximum amount of Community Entity administrative costs covered under HPS is 15% of the HPS annual allocation.

Ineligible Activities

Housing First Dedicated Funding

- Building or purchasing new facilities
- Repurposing existing facilities
- Core functions of an Assertive Community Treatment (ACT) team (e.g. provision of direct medical/clinical services to clients)

Under all activities and Homelessness Partnering Strategy funding streams

- Building, renovating or repurposing facilities for Affordable housing
- New construction or purchase of facilities for emergency shelters (except under the HPS Rural and Remote Homelessness funding stream and non-designated communities receiving funding under the Aboriginal Homelessness funding stream)
- Emergency housing funding (e.g. rent subsidies, housing allowances) when the client is supported by existing provincial/territorial and municipal rent subsidies programs
- Direct income support to individuals who are homeless, at risk or at imminent risk of homelessness
- Medical/clinical staff
- Clinical health and treatment services
- Daycare
- Advocacy and lobbying activities towards elected representatives on questions related to homelessness and public awareness activities
- Public Education (e.g. education tuition, teaching salary)
- Activities and supports taking place on-reserve;
- Software development and/or the purchase of hardware for the collection and/or management of homelessness data that results in an inability to participate in the National Homelessness Information System initiative (NHIS); and that constitutes a redundant use of funds and duplicates activities already offered through the Homeless Individuals and Families Information System (HIFIS) software. For example: purchasing alternative software that performs similar functions to the HIFIS software



Appendix 2

HPS Community Plan Priorities

Your Priorities

Priorities	What percentage of your allocation will you be investing in this priority in					Please select the activities that you will fund with your HPS allocation.	% of HF funds in 2014-2015
	2014	2015	2016	2017	2018		
	-	-	-	-	-		
<input type="checkbox"/> To reduce homelessness through a Housing First (HF) approach The Housing First model includes both housing and access to supports primarily for chronically and episodically homeless individuals. The services provided are offered through an integrated approach and are interdependent. Generally, the approach will be to ensure that Housing First clients have access to all the existing services required.						HF Readiness , for example: <ul style="list-style-type: none"> Determining the Housing First model (e.g. consultation, coordination, planning, and assessment) Identifying, integrating and improving services (including staff training on Housing First activities and functions) Partnership development in support of a Housing First approach Working with the housing sector to identify opportunities for and barriers to permanent housing (e.g. establishing landlord relationships, mapping of current available assets) 	
						Client Intake & Assessment , for example: <ul style="list-style-type: none"> Coordinated intake management (where feasible) Client identification, intake and assessment, focussing on the chronically and episodically homeless populations. 	

Big 10 - "65% of your allocation, must go to the first priority "To reduce homelessness through a Housing First approach" beginning in 2015-2016."

Mid-sized and Aboriginal - "At least 40% of your allocation, must go to the first priority "To reduce homelessness through a Housing First approach"

Priorities	What percentage of your allocation will you be investing in this priority in					Please select the activities that you will fund with your HPS allocation.	% of HF funds in 2014-2015
	2014	2015	2016	2017	2018		
	-	-	-	-	-		
	2015	2016	2017	2018	2019		
						<p>Connecting to and Maintaining Permanent Housing, This requires communities to establish housing teams that implement the following activities:</p> <ul style="list-style-type: none"> • Facilitate access to housing, which could include providing emergency housing funding to bridge clients to provincial/territorial system • Set-up apartments (insurance, damage deposit, first and last months' rent, basic groceries and supplies at move-in, etc.) • Furnish apartments for HF clients (furniture, dishes, etc.) • Repair damages caused by HF clients • Provide Landlord-tenant services • Re-housing (if required) 	
						<p>Accessing Services through case management. Activities include:</p> <ul style="list-style-type: none"> • Coordination of a case management team • Peer Support • Working with clients to set goals • Identifying a strategy for reaching the goals • Connecting clients to services needed to reach the client's goal • Monitoring progress • Support services to improve the self-sufficiency of chronically and episodically homeless individuals and families in the Housing First program through individualized services, including: <ul style="list-style-type: none"> i. Connecting clients to income supports ii. Pre-employment support, and bridging to the labour market iii. Life skills development (e.g. budgeting, cooking) 	

Priorities	What percentage of your allocation will you be investing in this priority in					Please select the activities that you will fund with your HPS allocation.	% of HF funds in 2014-2015
	2014	2015	2016	2017	2018		
	-	-	-	-	-		
	2015	2016	2017	2018	2019		
						iv. Supports to improve clients' social integration; v. Culturally relevant responses to help Aboriginal clients vi. Connecting clients to education and supporting success	
						Data, Tracking & Monitoring. Activities include: <ul style="list-style-type: none"> Identifying the size and make-up of the chronically and episodically homeless population by accessing shelter data Tracking HF Clients 	
<input type="checkbox"/> To improve the self-sufficiency of homeless individuals and families and those at imminent risk of homelessness through individualized services These services are offered primarily to individuals who are homeless or imminently at risk that are not part of the Housing First program.						<input type="checkbox"/> Housing placement (outside of Housing First) <input type="checkbox"/> Connecting clients to income supports <input type="checkbox"/> Pre-employment support, and bridging to the labour market <input type="checkbox"/> Life skills development (e.g. budgeting, cooking) <input type="checkbox"/> Supports to improve clients' social integration <input type="checkbox"/> Culturally relevant responses to help Aboriginal clients <input type="checkbox"/> Connecting clients to education and supporting success <input type="checkbox"/> Liaise and refer to appropriate resources <input type="checkbox"/> Housing loss prevention (only for individuals and families at imminent risk of homelessness) <input type="checkbox"/> Basic or urgent needs services	
<input type="checkbox"/> To preserve or increase the capacity of facilities used to address the needs of people who are homeless or at imminent risk of homelessness.						<input type="checkbox"/> Transitional housing facilities <input type="checkbox"/> Permanent Supportive housing <input type="checkbox"/> Emergency shelter facilities <input type="checkbox"/> Non-residential facilities	
<input type="checkbox"/> To ensure coordination of resources and leveraging						<input type="checkbox"/> Determining a model in support of a broader systematic approach to addressing homelessness <input type="checkbox"/> Identifying, integrating and improving services (including staff training on activities and functions in support of a broader systematic approach to addressing homelessness)	

Priorities	What percentage of your allocation will you be investing in this priority in					Please select the activities that you will fund with your HPS allocation.	% of HF funds in 2014-2015
	2014	2015	2016	2017	2018		
	-	-	-	-	-		
	2015	2016	2017	2018	2019		
						<input type="checkbox"/> Partnership development in support of a broader systematic approach to addressing homelessness <input type="checkbox"/> Working with the housing sector to identify opportunities for and barriers to permanent housing (e.g. establishing landlord relationships, mapping of current available assets) in support of a broader systematic approach to addressing homelessness <input type="checkbox"/> Consultation, coordination, planning, and assessment (e.g. community planning)	
<input type="checkbox"/> To improve data collection and use						<input type="checkbox"/> Identifying the size and make-up of the entire homeless population <input type="checkbox"/> Tracking non-Housing First clients <input type="checkbox"/> Point-in-time counts <input type="checkbox"/> Community indicators (beyond the requirements for HPS) <input type="checkbox"/> Local research, information collection and sharing (including implementing and using HIFIS)	



Appendix 3

Definitions

Acceptable Housing – Housing that is in adequate condition, of suitable size, and affordable.

Adequate Housing – Dwellings not requiring any major repairs, as reported by residents.

Adequate Income – Income for an unattached individual or family that is above the low income cut-off for its family size and urbanization classification.

Affordable Housing – Social housing or other housing that has been built under a government affordable housing program. Social housing includes public housing, non-profit housing, co-op housing and rent supplement units in the private rental sector.

Housing is considered to be affordable if it costs less than 30% of the before-tax total household income. Housing costs for renters include: rent and any payments for electricity, fuel, water and other municipal services. Housing costs for owners include: mortgage payments (principal and interest), property taxes, and any condominium fees, along with payments for electricity, fuel, water and other municipal services.

Assertive Community Treatment (ACT) – Assertive Community Treatment (ACT) is a case management approach to deliver Housing First services typically provided to those who need comprehensive and in-depth support in order to stay housed. The HPS approach is to link Housing First clients to existing ACT teams in place in a province or territory where available. ACT has the following key characteristics:

- A multi-disciplinary team of service providers and professionals provides wrap-around service directly to the client.
- Team members are generally available 24/7 and provide real-time support.
- ACT teams meet regularly, sometimes daily, with the client and with each other.
- They are mobile, often meeting the client at his or her home.
- The staff to client ratio is generally 1 ACT team per 10 clients.
- It is expected that ACT team support will be time-limited, often provided for no more than a year after being housed. It is usually provided until it is deemed unnecessary by the client and/or the team.

Members of an ACT team can vary but generally include the following:

- Clinical or medical staff (psychiatrist, doctor, nurse, substance abuse specialists); (HPS funds cannot be used to pay for these team members or services)
- Housing support or tenancy expertise (landlord support, housing support per securing housing, move-in and maintenance of housing unit, rent subsidy, or income support specialist);
- Basic skills training (cooking, cleaning, numeracy per paying rent); and
- Education or employment specialist (dedicated to broader goals of social integration and self-sufficiency).

At Imminent Risk of Homelessness – Individuals or families whose current housing situation ends in the near future (i.e. within one to two months) and for which no subsequent residence has been identified. They are unable to secure permanent housing because they do not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or a public or private place not meant for human habitation. The population at imminent risk of homelessness is not among the groups that are the focus of Housing First under HPS.

Case Management – Case management is an essential component to deliver Housing First services. The model used may vary by community to meet the local context, and follow Housing First service delivery models, such as Intensive Case Management (ICM) and Assertive Community Treatment (ACT). Services coordinated through case management can also be provided based on for each client’s presenting issues, with more intensive support required during periods of crisis or instability, and with less support when the client is feeling better. Through regular contact with Housing First clients, case management aims to ensure the client has all the supports necessary to maintain housing stability and move towards self-sufficiency. Case management ensures that the proper services are being offered to clients including outreach, referrals to employment supports and existing mental health or addictions support services. Case management also facilitates the tracking and measurement of client outcomes. Where possible, communities will be strongly encouraged to use the new case management module in the Homeless Individuals and Families Information System (HIFIS).

Chronically Homelessness – individuals, often with disabling conditions (e.g. chronic physical or mental illness, substance abuse problems), who are currently homeless and have been homeless for six months or more in the past year (i.e., have spent more than 180 cumulative nights in a shelter or place not fit for human habitation).

Clinical Supports – These services include integrated mental health and addictions supports, recovery services and access to clinical staff (e.g., nurses, social workers, psychiatrists, addiction counsellors, occupational therapists, and psychologists). HPS funding can be used to link clients to these services, through case management (under models such as Intensive Case Management (ICM) and Assertive Community Treatment (ACT)) and the coordinated intake management systems. However, as these services primarily fall under provincial and territorial responsibility, they are not eligible for HPS funding.

Community Advisory Board (CAB) – The CAB/Steering Committee should be representative of the community. It should include a range of partners, including representatives from public, private, not-for-profit organizations, Aboriginal groups, and other concerned community members. The CAB approves the priorities identified in the Community Plan and ensures they are met through the funding process. They are generally responsible for: developing committee terms of reference for the solicitation, review and recommendation of projects to the Community Entity, as well as assessing progress in addressing the community priorities and updating the community plan.

Community Entity Model – Under the Community Entity (CE) funding delivery model, the federal government entrusts a community body, often the community’s municipal government, with the ability to implement the local HPS community plan. This includes developing the Community Plan in collaboration with the CAB, publishing Calls for Proposals (CFPs), approving projects recommended by a Community Advisory Board (CAB), contracting and monitoring of all agreements they hold with third party service providers (both financially and for results), reporting on their activities and disbursements, and reporting on the results and outcomes for these agreements.

Congregate Housing – Housing where all residents in the facility are Housing First clients, and where there is no mixed use with non-Housing First clients or individuals who are not homeless. Support services accessed by the clients are usually located in the congregate housing. Clients also have full tenancy rights and responsibilities.

Coordinated Intake Management System – A single process for homeless people to access prevention, housing and additional services. This coordinated entry process allows clients to be served by the right intervention more quickly. In any Coordinated Intake process, each participating program uses the same assessment tool to determine which of them is the best match for each client. In this sense, each program becomes a single point of entry into the whole homelessness system. This approach allows for decisions based on a comprehensive understanding of each program's specific requirements, target population, and available beds and services.

Coordinated Intake includes the following core components:

- Information on where or how to access coordinated intake
- A place or means to request assistance, such as a walk-in centre or a call centre
- A screening and assessment process and tools to gather and verify information about each client's housing and service needs and program eligibility and priority
- Information about programs and agencies that can provide needed housing and/or services
- Process and tools in place for referral to appropriate programs or agencies
- In some cases, a process and tools for making program intake decisions

Core Housing Need – A household is said to be in core housing need if its housing falls below at least one of the adequacy, suitability or affordability standards, and would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable.

Discharge Planning – Services that includes activities prior to the release into the community of patients from a health care facility, prisoners from the criminal justice system, or youth from the child welfare system, to help prevent them from becoming homeless.

Emergency Housing Funding – Reasonable funding used to help a client pay rent. The funding is to be time-limited (preferably for a period of three to four months [up to one year where required under exceptional circumstances]). It provides a bridge for Housing First clients waiting to access rent supplements from provincial, territorial or municipal programs. The objective is to transition clients to a sustainable solution for the long-term, including integration into the provincial or municipal system of supports and ultimately self-sufficiency, not to create a new emergency housing funding program. Clients are expected to contribute up to 30% of their income towards their rent. As Housing First programs must be sustainable and aim to have clients transition to self-sufficiency or continue to be supported by provincial, territorial or municipal programs, emergency housing funding should not be more than provincial, or territorial or municipal programs would normally support.

Emergency Shelter – Facilities providing temporary and short-term accommodation (from a few days up to six months) to individuals and families who are experiencing homelessness; it may include supports such as food, clothing and counselling. Typically these facilities provide single or shared bedrooms or dorm-type sleeping arrangements that can include seasonal beds/mats. Emergency shelters may also include motels and other types of temporary sheltering facilities.

Episodically Homeless – Individuals, often with disabling conditions, who are currently homeless and have experienced three or more episodes of homelessness in the past year (of note, episodes are defined as periods when a person would be in a shelter or place not fit for human habitation for a certain period, and after at least 30 days, would be back in the shelter or place)..

Facilities (Capital Investments) – This includes the construction, renovation, or maintenance of shelters/housing and any physical structure from which Support Services are delivered. This can be pre-development, land and/or building purchase, new construction, renovations and/or purchase of furnishings or equipment.

Hidden Homeless Population – Individuals or families living in locations not intended for human habitation (e.g., abandoned buildings) or continuously moving among temporary housing arrangements provided by strangers, friends or family (also known as ‘couch surfing’).

Housing First – An approach that focuses on moving people who are experiencing homelessness as rapidly as possible from the street or emergency shelters into permanent housing with supports that vary according to client need. The supports are provided by a case management team and/or a case manager that serves as a main point of contact for the client from assessment to follow-up. The focus is primarily on the chronically and episodically homeless.

Housing Loss Prevention Services – Services referring to activities that help prevent those who are currently housed from becoming homeless, through services such as utility payments, emergency one-time rental deposits, and landlord/tenant mediation. This also includes helping people move to more appropriate housing when needed.

Housing with Supports – These activities involve:

- Identifying permanent housing with supports for clients and working with them to secure permanent housing, with the expectation of a coordinated intake management system in place. Housing services staff would work with landlords to identify units, show possible units to clients, negotiate leases and follow-up with clients through regular visits to ensure that housing is maintained.
- Supports to ensure that those who benefit from Housing First remain permanently housed. These include: facilitating landlord-tenant relationships; offering training in life skills related to maintaining a stable home (e.g. cooking, household maintenance, health and financial literacy); bridging supports (e.g. short-term assistance with rent subsidies); and providing assistance with furnishing the apartment, utilities, first and last month’s rent, security or damage deposits, cleaning, necessary repairs, and insurance. It would also include re-housing clients who may not be successful in maintaining their housing.

HPS Designated Communities – This funding stream provides HPS funding to 61 communities, primarily major urban centres, identified as having a significant problem with homelessness and needing ongoing support to address the issue.

Indicators – Specific measures of the progress the program has made toward meeting objectives.

Intensive Case Management (ICM) – Intensive Case Management (ICM) is a case management approach in which case workers, working alone or in teams, link individual clients to mainstream housing, clinical, and other supports. Its main aim is to help clients identify choices that encourage housing stability and ultimately self-sufficiency and social integration. ICM has the following characteristics:

- One-on-one case manager to client relationship.
- The case manager brokers access to mainstream services that the client identifies as needed to attain his or her goals.

- The case manager often accompanies clients to meetings and appointments in support of their goals and needs.
- Case managers are generally available on a regular schedule; caseloads are often shared to assure coverage of 7 days per week and 12 hours a day.
- The staff to client ratio is generally 1 case manager per 20 clients.
- The duration of the service is determined by the needs of the client, with the goal of transitioning to mainstream services as soon as possible

Life Skills Training – Training related to the development of effective life skills, promoting greater self-sufficiency and/or improved coping abilities; they include sessions on healthy relationships, effective communications, parenting skills and anger management skills.

Low Income Cut-offs (LICOs) – Measure used by Statistics Canada to delineate family units into “low income” and “other” groups. A family unit with income below the cut-off for its family size and urbanization classification is considered a “low income” family. Any family with income above the cut-off is considered to be in the “other” category.

Market Basket Measure (MBM) – Measure of low income based on the cost of a specified basket of goods and services. It was designed to complement Statistics Canada’s other measures of low income, the LICO and LIM (Low Income Measure).

Non-Residential Facilities – Facilities that provide services to meet basic needs and/or provide services to promote the longer-term stability of individuals and families who are homeless. Examples include food banks, soup kitchens, drop-in centres, multi-service centres and counselling centres.

Outcomes – Benefits that a program intends to produce for individuals, groups or populations, during or after their participation in program activities.

Outputs – Products or services generated by program activities.

Permanent Housing – Housing that is long-term. Includes a house, apartment or room (including social housing) that a family or individual has tenant rights and responsibilities. People who live in permanent housing may return to their housing whenever they wish. Individuals living in permanent housing may receive support in the form of case management or outreach services, but their housing is not dependent on participating in these services.

Prevention Services – Services that include direct and critical interventions to retain stable housing or prevent imminent homelessness, as well as other prevention services that promote longer-term stability of individuals and families most at risk of homelessness. These can include services related to housing loss prevention, housing placement, and discharge planning.

Permanent Supportive Housing – Housing that includes supports and services, and where there is no maximum length of stay. Clients in these facilities have tenancy rights. The support services are linked to the housing itself and are incorporated into the operations of the housing. Staff members usually work in the facility to provide support to residents. Services depend on clients’ needs and are provided to help residents maintain independence and stability to promote social integration. Permanent supportive housing may either be provided in scattered-site housing or congregated in one location. Permanent supportive housing is an appropriate intervention for Housing First clients.

The following are the key differences between permanent supportive housing and affordable housing:

- **Supports:** Permanent supportive housing is a facility that has support services delivered and/or located in the facility. These supports are necessary for some clients to remain housed and not fall back into homelessness. On the other hand, affordable housing is not connected to supports.
- **Clients:** In general, permanent supportive housing facilities are designed for homeless clients (i.e. who have stayed in emergency shelters, lived on the street or places unfit for human habitation). Affordable housing is designed for a larger population to address issues related to low income and the relative high cost of housing. Therefore, clients in affordable housing are not only homeless, but also from groups who are not homeless, such as individuals living with low-income.
- **Priority of access:** As permanent supportive housing is designed for homeless clients, homeless people are prioritized for access to permanent supportive housing, but they are not systematically prioritized for affordable housing.

Scattered Site Housing – Housing that is in the public or private rental markets throughout the community for Housing First clients. Housing First clients share the rental apartment buildings with other individuals who are not homeless. In scattered site housing, the physical location of the support services accessed by the clients is separated from the clients' residence.

Self-sufficiency – This refers to a situation where the client is able to maintain housing stability, reconnect with society and family, and has sufficient income to live independently. Progress toward self-sufficiency is assessed and services are adjusted. As clients recover, supports gradually decline but are re-initiated if a client becomes at risk of relapse.

Service Provider – An agency or organization that delivers programs and services to individuals who are or who may become homeless, regardless of where the service provider is located on the continuum of housing and supports.

Social Housing – Public, co-op, or not-for-profit housing with long-term (three or more years) government subsidies paid to a housing provider.

Suitable Housing – Dwellings that have enough bedrooms for the size and make-up of resident households, according to National Occupancy Standard (NOS) requirements:

- One bedroom for each cohabitating couple and unattached household member 18 years of age and older
- A bedroom maybe shared by a same-sex pair of children under the age of 18, or two opposite-sex siblings under 5 years of age
- A household of one individual can occupy a bachelor unit (i.e., a unit with no bedroom)

Supportive Housing - housing that integrates long-term housing units for persons who were previously homeless or persons who are at risk of homelessness, who may also

- have mental illness,
- have or be recovering from drug or alcohol addictions,
- or experience other barriers to housing,

with on-site support services that are available to residents of the housing project.

Transitional Housing – Housing facilities that provide services beyond basic needs and that, while not permanent, generally allow for a longer length of stay than emergency housing facilities (up to three years). These facilities offer more privacy to residents than emergency housing. Transitional housing is targeted to those in need of structure, support, and/or skill-building to move from homelessness to housing stability, and ultimately to prevent a return to homelessness. Transitional housing can be used with Housing First clients on a temporary basis (maximum 3-4 months) while permanent housing is being secured.